MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10157708 MEDIC DATE

CLAIMS

1	AS	AS FILED		APTER		TER .	LAIMS		AS FILED		AFTER		AFTER	
	DND,	DEP.	IND.	DEP.	IND.	DEP.				~~~~		HOPOTHAL	ma	
1					u.D.	DEP.	}-	<i>A</i> 8	IND.	DEP.	IND.	DEP.	IND.	D
2							}	51						
3				1.0	•		}	51						<u> </u>
4				•				53 54						
5							}							_
6				-		<u>·</u>	J~~~	55						
7	-						}	56 57						
8					•			58						
9							 	59						
10								50						
11							 	51						<u>.</u>
12	-{}							52						
13							}~~~	3						
15								4						·
16	 						. 6	5						
17	 							6						
18	1						6	7						
19	 						6	8						
20							6							
21				,			7(
22					- 		71							
2.3			-	— <u> </u> -			77							
24							73							
25							74							
26 .							75							
27							76	_ _						
28							77							
29	<u> </u>						78							
30							80							
31							81	+-						
33							82							
34							83	-						
35							84							
36							8.5	1-	_			-1 -		
37							86					 		
38				_			8.7							
39						_	88							
40				-			89							
41						_	90							_
42						_	81.							
43				-}	- 		92							
44			-			_	93	·					-	-
45							94				-	- 		•
46		1		-		_	95							
47		-			 	_	96							
48		1				_	97							<u>.</u>
19		-	 		-		. 98				-			-
50 .		 				_	99					- 		
TAL		1-	-	-		_	100			1			-} -	
Φ	\cup Ψ	IN	Ψ		V		TOTAL		V	-	-			
TAL IT.	i	1.3	,	<u> </u>	J *	1	ENO.] Ψ	·	\rfloor Ψ	' 	14	/
TAL	H Constant	11.2	-	·	-	1	TOTAL DEF.		Ė		 /-			\cdot
04	100 PM	トフ					TOTAL			.	-	-	(-	
- THE RESERVE TO SHARE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SHARE THE P	TANK OF THE PARTY OF	:				D #	awa		DRYNIA DE	X B	TO CHANGE	o¥		4-11

PTO-1344 (REV. \$43)

U.S. DEPARTMENT of COMMERCE.
Prices and Trademark Office